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CENTRAL FAX CENTER

OCT 31 2007

PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 10/526,206-Conf. #7470 Filing Date March 4, 2005 First Named Inventor Ilan Mahalal Examiner Name S. H. Chen Art Unit 2131 Attorney Docket No. 09669/054001	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	810.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha - Liang LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
3		- 20 =	x	=	Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
3		- 3 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50 =	(round up to a whole number) x		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00

SUBMITTED BY			
Signature	<i>Jonathan P. Osha</i>	Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	October 31, 2007

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CENTRAL FAX CENTER**OCT 31 2007****FAX TRANSMISSION****DATE:** October 31, 2007**PTO IDENTIFIER:** Application Number 10/526,206-Conf. #7470
Patent Number**Inventor:** Ilan Mahalal**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** OSHA · LIANG LLP

Aly Z. Dossa

PHONE: (713) 228-8600**Attorney Dkt. #:** 09669/054001**PAGES (Including Cover Sheet):** 13**CONTENTS:** Fee Transmittal (1 page)
Request for Continued Examination Transmittal (1 page)
Submission Under 37 C.F.R. § 1.114 (8 pages)
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PTO/SB/97 (09-04)

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Application No. (If known): 10/526,206

Attorney Docket No.: 09669/054001

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Fee Transmittal (1 page)

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